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Applicant:

Ya Fang Liu

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For:

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NEUROLOGICAL DISORDERS

Examiner:

Jon P. Weber

Art Unit:

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Sir:

Transmitted herewith are the following documents:

[X]Power of Attorney and Revocation of Prior Powers

[X]Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

A check is not enclosed. If a fee is required, the Commissioner is hereby authorized to charge Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

> Respectfully submitted, Ya Fang Liu. Applicant

By: MaryDilys S. Anderson, Ph.D.

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Docket No. L00624.70001.US

Date: June 4, 2003

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